

77.50  
A0000001060

TIMOTHY J. WALKER  
STUART E. GOLDBERG  
TERRENCE T. DARIOTIS  
LAUCHLIN TENCH WALDOCH<sup>o</sup>  
CAROLYN D. OLIVE<sup>†</sup>  
CURTIS B. HUNTER

PHONE: (850) 222-  
FAX: (850) 942-6400

2039 CENTRE POINTE BOULEVARD  
TALLAHASSEE, FLORIDA 32308

POST OFFICE BOX 12458  
TALLAHASSEE, FLORIDA 32317

<sup>o</sup>Florida Bar Certified Wills, Trusts & Estates  
<sup>o</sup>Florida Bar Certified Elder Law  
<sup>†</sup>Florida Bar Certified Tax Law

June 29, 2000

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

LIP - 25.00  
CERT 52.50

Re: Hobbs Family Partnership, LLLP

900003310939--9  
-07/03/00--01027--017  
\*\*\*1915.00 \*\*\*\*\*77.50

Dear Sir or Madam:

We are returning the following documents for the referenced limited liability limited partnership, revised as requested in your letter of June 26, 2000 (copy enclosed). Originals and one copy are included.

1. Statement of Qualification for Florida Limited Liability Limited Partnership; and

Certificate of Limited Partnership, with Affidavit of Capital Contributions and Certificate of Designation of Registered Agent/registered Office.

Also enclosed is our trust account check in the amount of \$1,915.00 for filing fees, follows:

Certificate of Limited Partnership:	Filing fee	\$1,750.00
	Reg. agent fee	\$ 35.00
	Certified copy	\$ 52.50
Statement of Qualification as LLLP:	Filing fee	\$ 25.00
	Certified copy	\$ 52.50
TOTAL		\$1,915.00

Please return the certified copies in the enclosed self-addressed stamped envelope. Do not hesitate to call my office if there are any questions. Thank you for your usual excellent assistance.

Sincerely,

Carolyn D. Olive

Carolyn D. Olive

CDO/  
Enclosures

F:\Olive\HOBBS\SECSTATELTR

RECEIVED  
00 JUN 30 PM 3:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 JUN 30 AM 11:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

3/16  
6/30

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State: **HOBBS FAMILY PARTNERSHIP, LLLP**

Insert limited partnership's Florida document number: AC0000001060  
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above-named partnership: LLLP

3. The street address of principal office in Florida: 375 Rob Roy Trail  
(if different from current recorded address): Tallahassee, Florida 32312

4. The mailing address of principal office in Florida: 375 Rob Roy Trail  
Tallahassee, Florida 32312

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
XXX as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
William M. Hobbs  
375 Rob Roy Trail  
Tallahassee, Florida 32312

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 16th day of May, 2000.

Signature of TWO Partners:  
THE PATRICIA M. HOBBS TRUST U/A/D  
May 16, 2000, as General Partner and as Limited Partner:

By: Patricia M. Hobbs  
Patricia M. Hobbs, as Co-Trustee

William M. Hobbs  
William M. Hobbs, as General  
Partner

By: William M. Hobbs  
William M. Hobbs, as Co-Trustee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 30 AM 11:05